FORM D



/64368 UNITED STATES

NOV - 2 2008

RECD S.E.O.

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1086 SE	CUSE ON	LY
Prefix		Serial
DAT	E RECEI	VED

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THRILLTIME ENTERTAINM	ENT INTERNATION	AL, INC.						
Private Placement of 1,054,220	Units at CDN\$0.10 (US	\$0.11 ⁽¹⁾) Pe	r Unit				/.	
Filing Under (Check box(es) that	apply): [] Rule 504 [] Rule 505	[X] <u>R</u>	ule 50	<u>)6</u> [Section 4(6)) [<u>]</u> [ÜĽ(DE-GEINED A
Type of Filing: [X] New Filing	[] Amendment	•	_				1	
	A. BASIC IDE	TIFICAT	ION D	ATA			I NU	V U 2 986
1. Enter the information requested about	out the issuer	•					1/2	
Name of Issuer ([] check if this	is an amendment and nar	ne has chan	ged, and	l indic	ate ch	ange.)	MARIA	
THRILLTIME ENTERTAINM	ENT INTERNATION	AL, INC.				•	KQ)	X .5% /€
Address of Executive Offices (Numb	per and Street, City, State, 7	Zip Code)	·	Tel	ephone	Number (Incl	uding Area	Còde)
Suite 102, 4585 Canada Way, B	urnaby, BC V5G 4L6			(60	4) 67:	1-9411		\'/
Address of Principal Business Operat	ions (Number and Street, C	ity, State, Zij	Code)	Tele	ephone	Number (Inci	uding Area	Code)
(if different from Executive Offices)	i							
Brief Description of Business	i							
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Type of Business Organization X] corporation	[] limited partnership, a	lready forme		:_	_ .	(please specify		PROCE
Type of Business Organization [X] corporation	, i	Iready forme	d	[]	_ .			PROCE NOV 1
Type of Business Organization X] corporation] business trust	[] limited partnership, a [] limited partnership, t	Iready forme be formed Month	d Yea	[]	other	(please specify); 3	PROCE NOV 1
Type of Business Organization X] corporation] business trust Actual or Estimated Date of Incorporation	[] limited partnership, a [] limited partnership, to ation or Organization:	lready forme to be formed Month 0 8	d Yea	[] ar 8 8	other); 3	PROCE
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Type of Business Organization X] corporation] business trust Actual or Estimated Date of Incorporation or Organ or State: CN for Canada; FN for oth	[] limited partnership, a [] limited partnership, b ation or Organization: nization: (Enter two-letter	lready forme to be formed Month 0 8	d Yea	[] ar 8 8	other	(please specify): <u>\$</u>	PROCE NOV 1
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otate.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

⁽¹⁾ Based on an exchange rate of 1.1050 per CDN\$1.00 as at May 29, 2006.

Potential persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General/Managing Partner Full Name (Last name first, if individual) KRANTZ, Alexander (Allen) Business or Residence Address (Number and Street, City, State, Zip Code) #14 - 1200 Taylor Street, San Francisco, CA, 94108 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner Full Name (Last name first, if individual) CATALANO, W. BENJAMIN Business or Residence Address (Number and Street, City, State, Zip Code) 7936 Lakefield Drive, Burnaby, BC V5E 3W8 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner Full Name (Last name first, if individual) WOODWARD, MARTIN Business or Residence Address (Number and Street, City, State, Zip Code) 935 Shavington Street, North Vancouver, BC V7L 1K6 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner Full Name (Last name first, if individual) BENDER, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 207 Grandview Road, Ottawa, ON, K2H 8B9 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet as necessary)

	·			D INIE	ORMAT	ION A DC	IIT OFF	EDING				
1. Has th	e issuer sol	d. or does	the issuer i						19?		Yes	No
		, 01 0000	100001 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						under ULOE		[X]
2. What i	is the minir	num invest	ment that v	vill be acco	epted from	any individ	lual?	••••				N/A.
3. Does t	he offering	permit ioi	nt ownersh	in of a sing	ele unit?						Yes [X]	No []
										indirectly, a		nission or
										g. If a persor		
										he name of the t forth the in		
	dealer onl		to be fister	ate assuc	lated perso	ills of such	a viokei (n ucaici, y	ou may se	t form the n	HUIHAHU	n ioi mai
	ne (Last nai		individual)		i							
N/A					ł							
Business	or Resider	ice Addres	s (Number	and Street,	City, State	, Zip Code	·)					
	Associated	Broker or	Dealer		i							
N/A States in	Which De-	i nn= Lintad	Han Calini	and on Inter	. d. t. C.li.	: December	···· (Charle	" A 11 Canana	" au abaala	:	-4\ A	11 Ctot-s
[AL]	(AK)	son Listed [AZ]	[AR]	(CA)	ias to Solic [CO]	(CT)	ers (Cneck [DE]	[DC]	or check [FL]	individual St [GA]	ates) ~ A [HI]	II States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UŢ]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last nai	ne first, if	individual)		•							
Business	or Resider	ce Addres	s (Number	and Street,	City, State	, Zip Code)					
Name of	Associated	Broker or	Dealer		: :							
States in	Which Per	son Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers (Check	"All States	or check	individual St	ates) ~ A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Name of	Associated	Broker or	Dealer		1				<u> </u>			
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Business	or Residen	ce Address	s (Number	and Street,	City, State	, Zip Code)					
Name of	Associated	Broker or	Dealer									
States in	Which Per	son Listed	Has Solicit	ed or Inter	ds to Solic	it Purchase	rs (Check	"All States"	or check	individual St	ates) ~ A	I States
[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	(CT)	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]
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(Use blank sheet, or copy and use additional copies of this sheet as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already		
	exchanged. ! Type of Security !	Aggregate	Amount
	Debt	Offering Price \$0	Already Sold
	Equity	\$0	\$0
	[] Common [] Preferred	<u> </u>	_\$0
		\$0	¢n.
	Convertible Securities (including warrants)	\$0	\$0 \$0
	Other (Specify) Units, with each Unit comprised of one common share and one half of one share purchase Warrant, at a price of CDN\$0.10 (US\$0.11(1)) per	3 0	40
	Unit. Each whole Warrant entitles the holder to purchase one further common share at a price of CDN\$0.15 per share (US \$0.165 ⁽¹⁾) during the next 12 months from the date of issuance.	\$85,000	\$85,000
	Total	\$85,000	\$85,000
	Answer also in Appendix, Column 3, if filing under ULOE.	- 400/000	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors 2	Aggregate Dollar Amount of Purchases \$85,000
	Non-accredited Investors	NIL NIL	\$ NIL
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	NA	JIVA
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Type of Security	Dollar Amount Sold
	Rule 505 Regulation A	<u>N/A</u>	\$ N/A
		N/A	\$ N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	\$ N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		\$0
	Printing and Engraving Costs		
	Legal Fees	= =	
	Accounting Fees		
	Engineering Fees		
	Sales Commissions		
	Other Expenses (identify): State Filing fees.		
	Total		
			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

⁽¹⁾ Based on an exchange rate of 1.105 per CDN\$1.00 as at May 29, 2006.

	C. OFFERING PRICE, NUMBER OF	<u>F:INVESTORS, EXPENSE</u>	S AND USE C	F PROCE	EDS
4.	b. Enter the difference between the aggregate				
	response to Part C - Question 1 and total expenses f	urnished in response to Part			
	C - Question 4.a.				
	This difference is the "adjusted gross proceeds to the	issuer."			\$63,412.70
_	Indiana halamaha amana faha disada da amana				
5.	Indicate below the amount of the adjusted gross proc proposed to be used for each of the purposes shown.		Da		
	purpose is not known, furnish an estimate and check		Payment Office		
	estimate. The total of the payments listed must equal		Director	,	Payments to
	to the issuer set forth in response to Part C - Question		Affilia	•	Others
	Salaries and fees			[]	\$0
	Purchase of real estate	· ·			\$0
	Purchase, rental or leasing and installation of m			` '	
	and equipment		1 \$0	[]	\$0
	Construction or leasing of plant buildings and f	1	_+-	— ; ;	\$0
	Acquisition of other businesses (including the	•	. 1 _ \$0		<u> 40</u>
	in this offering that may be used in exchange f				
	another issuer pursuant to a merger)				
	mionio iodai paradan to a merger,] 60		* 0
	5	1		[]	\$0
	Repayment of indebtedness		·	[]	_\$0
	Working capital	1	·	[]	\$0
	Other (specify): The proceeds from the Offer] \$0	[]	\$63,412.70
	minimum Exchange listing requirements, to				
	for the investment with Advanced Proteome	Therapeutics Inc. and for			
	general working capital.			— . ,	
	Column Totals	,	\$0	[]	\$0
	Total Payments Listed (column totals	added)	(X) _S	63,412.70	_
		1			
		!			
		· · · · · · · · · · · · · · · · · · ·			
	D. F	EDERAL SIGNATURE			
Th	e issuer has duly caused this notice to be signed	by the undersigned duly aut	horized person	. If this notic	ce is filed under
	ile 505, the following signature constitutes an u				
	ommission, upon written request of its staff, th				
	rsuant to paragraph (b)(2) of Rule 502.	;		,	
	(0)(0) (0)	1			
				T	
Iss	uer (Print or Type)	Signature	<u> </u>	Date	
			1	ļ	
T	IRILLTIME ENTERTAINMENT		/	1 Acto	bu 31,2006
IN	TERNATIONAL, INC.		,		
NT.		Title of Silver (Diversity			
INZ	me of Signer (Print or Type)	Title of Signer (Print or T	ype)		
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W	. BENJAMIN CATALANO	DIRECTOR			
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		ATTENTION			
		missions of fact constitute federal	criminal violatio	ns.	
l		(See 18 U.S.C. 1001.)			

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- 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

 See Appendix, Column 5, for state response

 Yes No [] [X]
- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly signed person.

Issuer (Print or Type)	Signature	Date
THRILLTIME ENTERTAINMENT INTERNATIONAL, INC.		October 31, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	•
W. BENJAMIN CATALANO	DIRECTOR	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		, <u>.</u>		!						
Intend to sell to non-secretical algergate offering price of investors in State (Part B-Item 1)	1	2	2	3		. 4				
Intend to set It o non-accredited investors in State (Part B-tern I) Type of investor and (any purchases in State (Part B-tern I) Type of investor and				l i					Disqual	ification
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non-accredited investors in State		Intend to	o sell to	Type of security and					(if yes	. attach
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				APPENDIX					
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	Intend to sell to non-accredited investors in State (Part B-Item 1)		ccredited aggregate offering price offering in State offered in state (Part C-		Type of investor and Amount purchases in State (Part C-Item 2)				
State	Yes	No	One share of common stock and one-half of one common share purchase warrant (a "Unit")	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WY PR									